Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
01/01/2014 01/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 7 | SU | | Daily | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 382 | 561 | lb/d | 2 | 3 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 32868 | 57585 | lb/d | 211 | 247 | 331 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 422 | ***** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 3.27 | ***** | 5.34 | mg/L | | Three per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 818 | 885 | lb/d | 4.7 | **** | 4.9 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 392 | 428 | lb/d | 2.2 | ***** | 2.4 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Aram Variahedian | TELEP | HONE | DATE |
|-----------------------------------|--|---|-----------|--------|------------|
| Aram Varjabedian/ Assistant Plant | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)2/13/2014 |
| TYPED OR PRINTED | amornation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **Brockton Wastewater Treatment Plant**

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2014 01/31/2014

DMR Mailing ZIP CODE:

02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|-------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 17 | 33 | lb/d | .12 | ***** | .23 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 5 | **** | **** | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.3 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 18.7 | 23.2 | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 337 | 561 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

| I | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | I Aram Variahedian | TELEP | HONE | DATE |
|------------------|--|---|-----------|--------|------------|
| Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)2/13/2014 |
| TYPED OR PRINTED | amorniadon, medding the possionity of this and imprisonifiert for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: * Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
01/01/2014 01/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 41168 | 63189 | lb/d | 266 | 273 | 460 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 368 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | ***** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| I | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | Aram Variahedian | TELEPI | HONE | DATE |
|------------------|--|---|-----------|--------|------------|
| Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)2/13/2014 |
| TYPED OR PRINTED | and matter, metaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

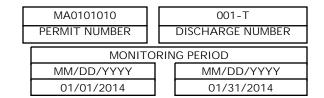
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|----------------|-----------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX OF ANALYSIS | TYPE | |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Aram Varjabedian | TELEPI | HONE | DATE |
|--|--|---|-----------|--------|------------|
| Aram Varjabedian/ Assistant Plant Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)2/13/2014 |
| TYPED OR PRINTED | and matter, metaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
02/01/2014 02/28/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | **** | **** | 6.5 | **** | 7.1 | SU | | Daily | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 266 | 570 | lb/d | 2 | 2 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 29950 | 49817 | lb/d | 202 | 248 | 346 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 305 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | ***** | **** | **** | 1.13 | ***** | 2.02 | mg/L | | 14 per Month | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 175 | 191 | lb/d | 1.5 | **** | 1.5 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 256 | 266 | lb/d | 2.2 | **** | 2.4 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Darlene Domingos/ Project Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(508)580-7885

AREA Code

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)3/12/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

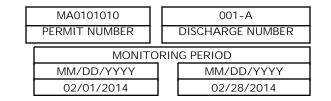
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOAD! | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|---|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|-------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 12 | 19 | lb/d | .12 | ***** | .12 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 4.2 | **** | **** | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.2 | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 18.4 | 26.9 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 311 | 448 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 1 | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

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person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2

Darlene Domingos/ Project Manager

TYPED OR PRINTED

NUMBER

(508)580-7885

AREA Code

)3/12/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2014 | 02/28/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 39482 | 61908 | lb/d | 264 | 338 | 397 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 338 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Liariene Domingos | TELEPI | HONE | DATE |
|------------------------------------|--|---|-----------|--------|------------|
| Burione Borninges, Troject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)3/12/2014 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value reported is the monthly average per the AO dated 04/05/06 Attachment 2

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| Γ | MA0101010 | Γ | 001-B |
|---|---------------|----|------------------|
| | PERMIT NUMBER | | DISCHARGE NUMBER |
| | MONITO | OR | RING PERIOD |
| | MM/DD/YYYY |] | MM/DD/YYYY |
| | 02/01/2014 | 1 | 02/28/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | 0, == |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|----------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | 100 | ***** | **** | % | | Twice per Quarter | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 9.2 | ***** | **** | % | 1 | Twice per Quarter | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Quarterly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | I Dariene Domingos | TELEP | HONE | DATE |
|-----------------------------------|--|---|-----------|--------|------------|
| Darlene Domingos/ Project Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)3/24/2014 |
| TYPED OR PRINTED | amorniadon, medding the possionity of this and imprisonifiert for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Effluent failed chronic toxity for test initiated on 2-8-14. Test re-run on 2-22-14, effluent passed both acute and chronic at 100%.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2014 | 02/28/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-------|-------|--------------------------|-------|-------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | ***** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEPI | HONE | DATE |
|-------------------------------------|--|---|-----------|--------|------------|
| Barrerie Berninges/ 110jeet Wanager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)3/24/2014 |
| TYPED OR PRINTED | amorniador, medding the possionity of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

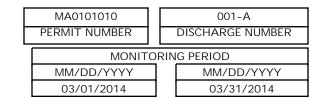
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOAD! | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 7.4 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 268 | 940 | lb/d | 2 | 3 | 6 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 32430 | 90559 | lb/d | 229 | 291 | 560 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 348 | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | **** | 2.2 | **** | 3.7 | mg/L | | 14 per Month | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 411 | 412 | lb/d | 3.1 | ***** | 3.2 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 239 | 274 | lb/d | 1.8 | ***** | 2.1 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | L Liariene Liomingos | TELEP | HONE | DATE |
|---|--------------------------------------|--|---|-----------|--------|------------|
| | Barrerie Berninges/ 11 Geet Mariager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)4/11/2014 |
| ĺ | TYPED OR PRINTED | anto madon, including the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

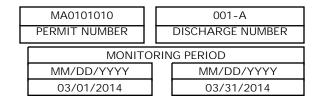
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|-------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 12 | 41 | lb/d | .09 | ***** | .17 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 4 | **** | **** | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.2 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.8 | 37.6 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 288 | 626 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEPI | HONE | DATE |
|------------------------------------|--|---|-----------|--------|------------|
| Daniene Deminiges, Troject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)4/11/2014 |
| TYPED OR PRINTED | anomaton, netering the possibility of the and imprisonment for knowing volutions. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
03/01/2014 03/31/2014

DMR Mailing ZIP CODE: 02301

illing zir CODL. 02.

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 38689 | 70668 | lb/d | 280 | 314 | 437 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 381 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | ***** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | I Dariene Domingos | TELEPI | HONE | DATE |
|------------------------------------|--|---|---------------|--------|------------|
| Burione Borninges, Troject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)4/11/2014 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 03/01/2014
 03/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR 02.

(SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | > 100 | **** | **** | % | | Monthly | COMP24 |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | **** | 100 DAILY MN | ***** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | ***** | ***** | % | | Monthly | COMP24 |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPHONE | | DATE |
|-------------------------------------|--|---|---------------|--------|------------|
| Darrene Deminiges/ 11 Gjeet Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)4/23/2014 |
| TYPED OR PRINTED | and materia, including the possibility of thic and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2014 | 04/30/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | **** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | 6 MINIMUM | ***** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.5 | **** | 7 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 323 | 836 | lb/d | 2 | 2 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 48246 | 123547 | lb/d | 258 | 316 | 624 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 597 | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | ***** | ***** | | Weekly | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | NODI 9 | **** | | ***** | **** | **** | ***** | | | |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | ***** | 2.69 | **** | 5.31 | mg/L | | Three per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|-------------------------------------|--|---|---------------|--------|------------|
| Barrerie Berninges/ 110jeet Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)5/09/2014 |
| TYPED OR PRINTED | amorniador, moduling the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2NPDES permit limit for NH3-N monthly average for December 1 - April 30 = 9.5 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2014 | 04/30/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 943 | 1059 | lb/d | 3.9 | ***** | 3.9 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 434 | 490 | lb/d | 1.8 | **** | 1.8 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 14.68 | 26.5 | lb/d | .08 | **** | .12 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 3.6 | **** | **** | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | ***** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.8 | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | **** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 22.4 | 33.4 | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** Darlene Domingos/ Project Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)5/09/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2NPDES permit limit for NH3-N monthly average for December 1 - April 30 = 9.5 mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

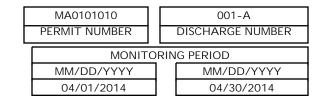
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | **** | 1 | **** | 63 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 381 | 664 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 48542 | 72493 | lb/d | 262 | 294 | 396 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 519 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006 Attachment 2NPDES permit limit for NH3-N monthly average for December 1 - April 30 = 9.5 mg/L

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Darlene Domingos/ Project Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(508)580-7885

AREA Code

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)5/09/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 04/01/2014
 04/30/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY >30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | NG QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | |
|--|-----------------------|-------|---------------|-------|-----------------------------|-------|-------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | EX OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the | L LIARIENE LIOMINGOS | TELEPI | HONE | DATE |
|--|--|---|---------------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)7/17/2014 |
| TYPED OR PRINTED | anomation, including the possibility of thic and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Daily flow did not exceed 30 MGD

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2014 | 05/31/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.5 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.6 | **** | 7 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 168 | 368 | lb/d | 1 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 35270 | 52852 | lb/d | 283 | 378 | 467 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 279 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | ***** | .4 | **** | 1.05 | mg/L | | Three per Week | COMP24 |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 3.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 210 | 236 | lb/d | 1.6 | **** | 1.7 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|---|------------------------------------|--|---|-----------|--------|------------|
| | Darrene Derminges, Treject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)6/11/2014 |
| Γ | TYPED OR PRINTED | anomaton, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is compliant with interim monthly average effluent limitation of 20 ug/L per AO dated 4/5/2006 Attachment 2. Per AO no daily limitation is established.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

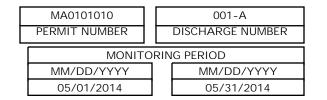
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 443 | 485 | lb/d | 3.4 | ***** | 3.5 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 17.7 | 26.5 | lb/d | .11 | **** | .18 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 6.4 | **** | **** | | | | |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.1 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.2 | 22 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEPI | HONE | DATE |
|------------------------------------|--|---|-----------|--------|------------|
| Darione Deminigos, Troject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)6/11/2014 |
| TYPED OR PRINTED | anomaton, netering the possibility of the and imprisonment for knowing volutions. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is compliant with interim monthly average effluent limitation of 20 ug/L per AO dated 4/5/2006 Attachment 2. Per AO no daily limitation is established.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 05/01/2014
 05/31/2014

DMR Mailing ZIP CODE: 02301

anning zii CODE. 023

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Coliform, fecal general | SAMPLE MEASUREMENT | ***** | **** | ***** | 2 | **** | 9 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 200 MO GEO | ***** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 254 | 368 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 39290 | 58856 | lb/d | 317 | 379 | 517 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 325 | **** | lb/d | **** | **** | ***** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | **** | ***** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99.4 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99.6 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEPH | HONE | DATE |
|------------------|--|---|-----------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)6/11/2014 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is compliant with interim monthly average effluent limitation of 20 ug/L per AO dated 4/5/2006 Attachment 2. Per AO no daily limitation is established.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

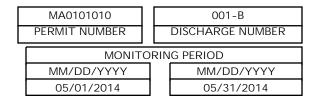
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | **** | **** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Quarterly | COMP24 |

| I | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | I Dariene Domingos | TELEPI | HONE | DATE |
|-----------------------------------|--|---|-----------|--------|------------|
| Darlene Domingos/ Project Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)6/26/2014 |
| TYPED OR PRINTED | amorniadon, medding the possionity of this and imprisonifiert for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | PRING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2014 | 05/31/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the | I Dariene Domingos | TELEP | HONE | DATE |
|-----------------------------------|--|---|-----------|--------|------------|
| Darlene Domingos/ Project Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)7/17/2014 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| | MA0101010 | ſ | 001-A | |
|---|---------------|----|------------------|--|
| | PERMIT NUMBER | | DISCHARGE NUMBER | |
| | MONIT | DR | RING PERIOD | |
| | MM/DD/YYYY |] | MM/DD/YYYY | |
| Γ | 06/01/2014 | 1 | 06/30/2014 | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | **** | **** | ***** | 6.9 | ***** | **** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.6 | ***** | 7 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 106 | 208 | lb/d | 1 | 1 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 33515 | 63926 | lb/d | 345 | 412 | 618 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 116 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 11 | 46 | lb/d | .12 | .14 | .51 | mg/L | | Three per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 12 | lb/d | ***** | ***** | ***** | ***** | | Three per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | **** | **** | ***** | | Twice per Week | COMP24 |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Liariene Domingos | TELEP | HONE | DATE |
|---|--------------------------------------|--|---|-----------|------------|------------|
| | Barrerie Berninges/ 11 Geet Mariager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 |)7/10/2014 | |
| ĺ | TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/06 Attachment 2Nitrite and Nitrate analysis (report only) for sample date 6/10/14 was run outside of sample hold time.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 06/01/2014 | 06/30/2014 | | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QU | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 121 | 131 | lb/d | 1.2 | ***** | 1.3 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 391 | 396 | lb/d | 3.9 | **** | 3.9 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 16.6 | 22.06 | lb/d | .16 | **** | .24 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 5.3 | **** | **** | ug/L | | Weekly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | ***** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.2 | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | **** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 11.6 | 13.2 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/06 Attachment 2Nitrite and Nitrate analysis (report only) for sample date 6/10/14 was run outside of sample hold time.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Darlene Domingos/ Project Manager

NUMBER

TELEPHONE

(508)580-7885

AREA Code

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)7/10/201

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **Brockton Wastewater Treatment Plant**

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON AWRF LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2014 06/30/2014

DMR Mailing ZIP CODE:

02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 5 | ***** | 13 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | ***** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 193 | 220 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 34812 | 57335 | lb/d | 361 | 373 | 532 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 206 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 100 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** Darlene Domingos/ Project Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)7/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/06 Attachment 2Nitrate analysis (report only) for sample date 6/10/14 was run outside of sample hold time.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 06/01/2014
 06/30/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | |
|--|-----------------------|---------------------|-------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the | I Dariene Domingos | TELEP | HONE | DATE |
|-----------------------------------|--|---|---------------|--------|------------|
| Darlene Domingos/ Project Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)7/17/2014 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301 ATTN: Aram Varjabedian, Ast. Plant Man MA0101010 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
07/01/2014 07/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | **** | ***** | 6.7 | ***** | **** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | **** | 6.6 | ***** | 7.2 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 97 | 334 | lb/d | 1 | 1 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 27369 | 54283 | lb/d | 313 | 427 | 576 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 123 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 22 | 56 | lb/d | .25 | .41 | .61 | mg/L | | Three per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 37 | lb/d | ***** | ***** | ***** | ***** | | Three per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | **** | **** | ***** | | Twice per Week | COMP24 |

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006, Attachment 2

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Darlene Domingos/ Project Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(508)580-7885

AREA Code

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)8/12/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2014
 07/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 138 | 165 | lb/d | 1.5 | **** | 1.8 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 342 | 382 | lb/d | 3.7 | **** | 4.2 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 11.68 | 21.93 | lb/d | .16 | **** | .27 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | ***** | **** | 5.6 | **** | **** | ug/L | | Weekly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14 | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 10.3 | 11.7 | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** Darlene Domingos/ Project Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)8/12/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006, Attachment 2

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 07/01/2014 | 07/31/2014 | | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | QUALITY OR CONCENTRATION | | | | | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|--------------------------|-----------------------|---------|----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | ***** | **** | ***** | 3 | ***** | 48 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 173 | 195 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 29418 | 41372 | lb/d | 340 | 392 | 481 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 180 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 100 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering **Darlene Domingos** Darlene Domingos/ Project Manager the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)8/12/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper value is monthly average value per AO dated 4/5/2006, Attachment 2

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2014
 07/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | |
|--|-----------------------|---------------------|-------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | L LIARIENE LIOMINGOS | TELEPI | HONE | DATE |
|-------------------------------------|--|---|-----------|--------|------------|
| Barrerie Berninges/ Troject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)8/12/2014 |
| TYPED OR PRINTED | anto metaon, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Flow did not exceed 30 MGD, therefore additional toxicity not required.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 08/01/2014 | 08/31/2014 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| Н | SAMPLE MEASUREMENT | **** | **** | ***** | 6.6 | **** | 7.1 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 89 | 156 | lb/d | 1 | 1 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 15748 | 26840 | lb/d | 204 | 218 | 342 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 109 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 66 | 385 | lb/d | .87 | 3.44 | 5.14 | mg/L | 5 | 14 per Month | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 260 | lb/d | ***** | **** | **** | ***** | 1 | 14 per Month | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | ***** | **** | **** | ***** | | Twice per Week | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|------------------|--|---|---------------|--------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)9/11/2014 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 08/01/2014 | 08/31/2014 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | VG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 90 | 94 | lb/d | 1.2 | ***** | 1.2 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 309 | 335 | lb/d | 4 | **** | 4.3 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 9.06 | 12.9 | lb/d | .15 | **** | .17 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 4.6 | **** | **** | ug/L | | Five per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.8 | ***** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 9.2 | 10.2 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|---|------------------|--|---|-----------|--------|------------|
| | MANACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)9/11/2014 |
| İ | TYPED OR PRINTED | entermation, more and the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

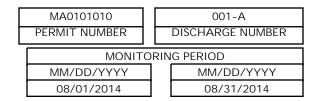
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 3 | **** | 22 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 169 | 328 | lb/d | 2 | 3 | 4 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 23685 | 41859 | lb/d | 307 | 337 | 510 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 200 | **** | lb/d | **** | **** | **** | **** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | NODI 9 | **** | | ***** | **** | **** | ***** | | | |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEPI | HONE | DATE |
|---|------------------|--|---|-----------|--------|------------|
| | MANACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)9/11/2014 |
| İ | TYPED OR PRINTED | anomaton, neturing the possibility of the and imprisonment for knowing volutions. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2014
 08/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY | |
|-----------------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | ***** | ***** | 85 MO AV MN | ***** | **** | % | | Monthly | CALCTD |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|--------------------------------------|--|---|---------------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering he information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)9/11/2014 |
| TYPED OR PRINTED | amornation, meading the possionity of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2014
 08/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |

| N | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Darlene Domingos | TELEPHONE | | DATE |
|---|---------|---|---|---------------|--------|------------|
| | MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)9/11/2014 |
| | | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2014 | 08/31/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | 0, | |
|--|-----------------------|---------------------|-------|--------------------------|-----------------|-------|-------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| l . | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | L Liariene Liomingos | TELEPHONE | | DATE |
|-----------------------------------|---|---|---------------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)9/11/2014 |
| | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2014 | 09/30/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QUALITY OR CONCENTRATION | | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|--------------------------|-----------------------|-----------------------|-------|----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | ***** | **** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | ***** | 7.2 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 87 | 153 | lb/d | 1 | 1 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 16192 | 26672 | lb/d | 217 | 225 | 348 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 89 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 5 | 8 | lb/d | .07 | .09 | .11 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 7 | lb/d | ***** | **** | **** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | **** | **** | ***** | | Twice per Week | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|------------------|---|---|-----------|-----------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false. Information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0/10/2014 | |
| TYPED OR PRINTED | entermation, moreoung the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE NOTE THAT THE ATTACHMENT INCLUDES PAGE 3 OF THE STATE DMR FOR AUGUST 2014. THE WASTE FLOW FOR BASINS 3 AND 4 HAD BEEN INADVERTANTLY LEFT BLANK. THIS IS NOW CORRECTED AND INCLUDED WITH THE SEPTEMBER REPORT FOR YOUR RECORDS.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | | 001-A | | | | | |
|---------------|-------------------|------------------|--|--|--|--|--|
| PERMIT NUMBER | | DISCHARGE NUMBER | | | | | |
| MONIT | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | | MM/DD/YYYY | | | | | |
| 09/01/2014 | | 09/30/2014 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|---|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 108 | 119 | lb/d | 1.4 | **** | 1.5 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 344 | 387 | lb/d | 4.5 | **** | 5.2 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 9 | 15.1 | lb/d | .13 | **** | .19 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6 | ***** | ***** | ug/L | | Weekly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.7 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 8.9 | 9.7 | MGD | ***** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | **** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DARLENE DOMINGOS/ PROJECT

MANAGER

TYPED OR PRINTED

NUMBER

TELEPHONE

(508)580-7885

AREA Code

DATE

0/10/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 09/01/2014
 09/30/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOAD! | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | ***** | **** | ***** | 5 | ***** | 20 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 149 | 162 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 24247 | 31929 | lb/d | 326 | 346 | 452 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 155 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | **** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | ***** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | **** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE NOTE THAT THE ATTACHMENT INCLUDES PAGE 3 OF THE STATE DMR FOR AUGUST 2014. THE WASTE FLOW FOR BASINS 3 AND 4 HAD BEEN INADVERTANTLY LEFT BLANK. THIS IS NOW CORRECTED AND INCLUDED WITH THE SEPTEMBER REPORT FOR YOUR RECORDS.

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DARLENE DOMINGOS/ PROJECT

MANAGER

TYPED OR PRINTED

NUMBER

TELEPHONE

(508)580-7885

AREA Code

DATE

0/10/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 09/01/2014 | 09/30/2014 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADING | | QUALITY OR CONCENTRATION | | | _ | NO. | | |
|--|-----------------------|-------|------------------|-------|--------------------------|-------|-------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified merspanel properly asther and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|-----------------------------------|---|---|-----------|-----------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0/10/2014 | |
| TYPED OR PRINTED | and matter, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOAD! | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | **** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| Н | SAMPLE MEASUREMENT | **** | **** | **** | 6.6 | ***** | 7.1 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 117 | 389 | lb/d | 1 | 1 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 20945 | 38525 | lb/d | 232 | 274 | 368 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 171 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 8 | 16 | lb/d | .09 | .11 | .14 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 8 | lb/d | ***** | ***** | ***** | ***** | | Twice per Week | COMP2 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | ***** | ***** | ***** | | Twice per Week | COMP24 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE FIND ATTACHED THE MONTHLY REPORT FOR OCTOBER AS WELL AS CORRECTIONS TO PAGES 3 AND 5 OF THE SEPTEMBER STATE REPORT. CORRECTIONS WERE MADE TO WASTE FLOW AND DRY TONS OF CAKE INCINERATED.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DARLENE DOMINGOS/ PROJECT

MANAGER

TYPED OR PRINTED

NUMBER

(508)580-7885

AREA Code

1/12/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 99 | 103 | lb/d | 1.3 | ***** | 1.3 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 393 | 397 | lb/d | 4.97 | **** | 5 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 9.79 | 27.24 | lb/d | .12 | **** | .14 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 5.3 | **** | **** | ug/L | | Monthly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | ***** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.8 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 11.2 | 23.3 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|--------------------------------------|---|---|---------------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 1/12/2014 |
| TYPED OR PRINTED | anto madon, including the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE FIND ATTACHED THE MONTHLY REPORT FOR OCTOBER AS WELL AS CORRECTIONS TO PAGES 3 AND 5 OF THE SEPTEMBER STATE REPORT. CORRECTIONS WERE MADE TO WASTE FLOW AND DRY TONS OF CAKE INCINERATED.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 7 | ***** | 32 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | ***** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 186 | 389 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 31742 | 55259 | lb/d | 352 | 403 | 552 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 228 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | **** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | **** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|------------------|--|---|-----------|-----------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 1/12/2014 | |
| TYPED OR PRINTED | and matter, melating the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE FIND ATTACHED THE MONTHLY REPORT FOR OCTOBER AS WELL AS CORRECTIONS TO PAGES 3 AND 5 OF THE SEPTEMBER STATE REPORT. CORRECTIONS WERE MADE TO WASTE FLOW AND DRY TONS OF CAKE INCINERATED.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

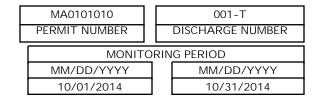
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|--------------------------|-------|-------|-------|----------------|-----------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX OF ANALYSIS | | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | I Dariene Domingos | TELEP | HONE | DATE |
|-----------------------------------|--|---|---------------|--------|------------|
| Darlene Domingos/ Project Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 1/12/2014 |
| TYPED OR PRINTED | amorniadon, medding the possionity of this and imprisonifiert for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| | MA0101010 | | | 001-A |
|---|---------------|----|-----|------------------|
| | PERMIT NUMBER | | | DISCHARGE NUMBER |
| [| MONIT | OF | RIN | G PERIOD |
| | MM/DD/YYYY | | | MM/DD/YYYY |
| | 11/01/2014 | | | 11/30/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | **** | ***** | ***** | 6.6 | ***** | 7.1 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 173 | 410 | lb/d | 1 | 2 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 20053 | 29193 | lb/d | 167 | 191 | 266 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 222 | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | **** | .33 | **** | .66 | mg/L | | 10 per Month | COMP24 |
| 00610 1 2 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.3 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 139 | 143 | lb/d | 1.3 | **** | 1.3 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 401 | 421 | lb/d | 3.6 | **** | 3.7 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885 2/15/201 **MANAGER** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

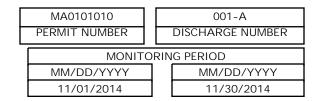
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|-------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 15.87 | 28.52 | lb/d | .12 | ***** | .18 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 5.4 | **** | ***** | ug/L | | Five per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.3 | **** | MGD | **** | ***** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15 | 24.4 | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 256 | 611 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

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|------------------|--|---|---------------|--------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 2/15/2014 |
| TYPED OR PRINTED | amorniador, moduling the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 29070 | 46041 | lb/d | 240 | 282 | 420 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 348 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | ***** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

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|--------------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 | 2/15/2014 |
| TYPED OR PRINTED | anomation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

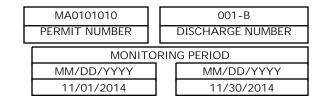
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | > 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | ***** | **** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Quarterly | COMP24 |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | L Dariene Domingos | TELEPI | HONE | DATE |
|-----------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 | 2/19/201 |
| TYPED OR PRINTED | and matter, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September& December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: * Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | L Dariene Domingos | TELEPI | HONE | DATE |
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| TYPED OR PRINTED | anomation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
12/01/2014 12/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 7.7 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 649 | 7074 | lb/d | 3 | 7 | 20 | mg/L | 2 | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 19904 | 36671 | lb/d | 105 | 125 | 150 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 2147 | ***** | lb/d | ***** | ***** | ***** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | ***** | **** | .79 | ***** | 2.18 | mg/L | | Twice per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 530 | 761 | lb/d | 2.3 | **** | 2.8 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 752 | 869 | lb/d | 3.5 | ***** | 3.8 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|------------------|--|---|-----------|--------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)1/09/201 |
| TYPED OR PRINTED | anto measur, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | DRING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|---|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|-------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 17 | 29 | lb/d | .12 | ***** | .16 | mg/L | | 27 per Month | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 5 | **** | **** | ug/L | | Weekly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.1 | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 23.2 | 42.4 | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 387 | 707 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)1/09/201 **MANAGER** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

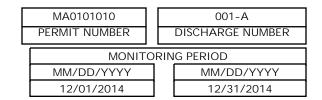
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 28367 | 50933 | lb/d | 152 | 186 | 249 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 524 | ***** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | ***** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 98 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Darlene Domingos | TELEP | DATE | |
|--------------------------------------|---|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)1/09/201! |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-T
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
12/01/2014 12/31/2014

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | |
|--|-----------------------|---------------------|-------|-------|--------------------------|-------|-------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | 100 | ***** | ***** | % | | Monthly | COMP24 |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | **** | 100 | **** | **** | % | | Monthly | COMP24 |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|-----------------------------------|--|---|---------------|--------|------------|
| Darlene Domingos/ Project Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)1/19/201! |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| | MA0101010 | | 001-A | | | | | |
|-------------------|-------------------|-------|------------------|--|--|--|--|--|
| F | PERMIT NUMBER | İ | DISCHARGE NUMBER | | | | | |
| $\overline{\Box}$ | MONITORING PERIOD | | | | | | | |
| | MM/DD/YYYY | brack | MM/DD/YYYY | | | | | |
| | 01/01/2015 | | 01/31/2015 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 7.1 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 195 | 434 | lb/d | 1 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 18122 | 27831 | lb/d | 139 | 176 | 236 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 262 | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | ***** | ***** | .42 | ***** | 1.02 | mg/L | | Twice per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 170 | 197 | lb/d | 1.2 | **** | 1.2 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 414 | 443 | lb/d | 2.8 | **** | 3 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE **Darlene Domingos** direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)2/12/201 **MANAGER** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 01/01/2015 | 01/31/2015 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|---|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 11 | 18 | lb/d | .11 | ***** | .12 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 4 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.8 | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.9 | 20.9 | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 265 | 349 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)2/12/201 **MANAGER** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 01/01/2015 | 01/31/2015 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | VG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 25329 | 39024 | lb/d | 193 | 215 | 295 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 310 | ***** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | ***** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | ***** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | ***** | ***** | 85 MO AV MN | ***** | ***** | % | | Monthly | CALCTD |

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|--------------------------------------|---|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)2/12/201! |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 01/01/2015 | 01/31/2015 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY | |
|--|-----------------------|---------------------|-------|-------|--------------------------|-------|-------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | L Dariene Domingos | TELEPI | DATE | |
|--------------------------------------|---|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)2/12/201! |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

THERE WERE NO DAYS DURING THE MONTH WHEN THE FLOW EXCEEDED 30 MGD

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | | 001-A | | | | | | | |
|---------------|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | | DISCHARGE NUMBER | | | | | | | |
| MON | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | | MM/DD/YYYY | | | | | | | |
| 02/01/2015 | | 02/28/2015 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|------|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX (| OF ANALYSIS | TYPE |
| РН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | 7.05 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 155 | 350 | lb/d | 1 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 18804 | 56672 | lb/d | 166 | 207 | 496 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 220 | ***** | lb/d | ***** | ***** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | **** | **** | ***** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | ***** | ***** | **** | 1.99 | ***** | 3.5 | mg/L | 1 | 1 per Month | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 426 | 458 | lb/d | 3.8 | **** | 4.1 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 327 | 357 | lb/d | 2.9 | ***** | 3.2 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | L Dariene Domingos | TELEPH | HONE | DATE |
|--------------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 |)-7885 |)3/12/201! |
| TYPED OR PRINTED | information, including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 02/01/2015 | 02/28/2015 | | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|---|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 15 | 36 | lb/d | .11 | ***** | .33 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 4.3 | ***** | **** | ug/L | | Three per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | ***** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.4 | **** | MGD | **** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.6 | 15.4 | MGD | **** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 248 | 642 | lb/d | 2 | 2 | 5 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)3/12/201 **MANAGER** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 02/01/2015 | 02/28/2015 | | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR

(SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 27704 | 41133 | lb/d | 245 | 264 | 360 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 294 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | ***** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Darlene Domingos | TELEP | HONE | DATE |
|--------------------------------------|---|---|-----------|------------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 |)3/12/201! | |
| TYPED OR PRINTED | amormation, measuring the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2015
 02/28/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | > 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | ***** | **** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Quarterly | COMP24 |

| | he information, the information submitted is, to the best of my knowledge and belief, true, | L Dariene Domingos | TELEPI | DATE | |
|--------------------------------------|--|---|---------------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)3/13/201! |
| TYPED OR PRINTED | unformation, including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September& December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2015
 02/28/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | L)arlene L)omingos | TELEPI | HONE | DATE |
|------------------|--|---|-----------|--------|------------|
| MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)3/13/201 |
| TYPED OR PRINTED | amorniation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

FLOW DID NOT EXCEED 30 MGD DURING THE MONTH OF FEBRUARY 2015

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2015 | 03/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | **** | ***** | 6.6 | ***** | 7.1 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 385 | 1187 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 25902 | 42168 | lb/d | 121 | 161 | 228 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 562 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | ***** | lb/d | ***** | **** | ***** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | ***** | 4.71 | ***** | 7.82 | mg/L | | 14 per Month | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | **** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 543 | 555 | lb/d | 3.7 | **** | 4.1 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 291 | 306 | lb/d | 2 | ***** | 2.1 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|---|--|--|---|-----------|--------|------------|
| | MANACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)4/13/201! |
| į | TYPED OR PRINTED | anormation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **Brockton Wastewater Treatment Plant**

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON AWRF LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2015 03/31/2015

DMR Mailing ZIP CODE:

02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|-------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 24 | 49 | lb/d | .12 | ***** | .17 | mg/L | | 28 per Month | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | ***** | **** | 4.3 | ***** | **** | ug/L | | Four per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | 20 MO AVG | ***** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.4 | **** | MGD | **** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 28.1 | 49.6 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 474 | 827 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE **Darlene Domingos** direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)4/13/201 **MANAGER** accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2015
 03/31/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 36109 | 53418 | lb/d | 173 | 248 | 312 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 570 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Liariene Domingos | TELEPI | TELEPHONE | | | |
|------------------------------------|---|---|-----------|------------|------------|--|--|
| DARLENE DOMINGOS/ PROJECT MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 |)4/13/201! | | | |
| TYPED OR PRINTED | amornation, including the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2015
 03/31/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | > 100 | **** | **** | % | | Monthly | COMP24 |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Monthly | COMP24 |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | the information, the information submitted is, to the best of my knowledge and belief, true, | L Dariene Domingos | TELEPI | DATE | |
|--------------------------------------|--|---|---------------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)4/13/201! |
| TYPED OR PRINTED | amormation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) HIGH FLOW TOXICITY TEST WAS INITIATED ON MARCH 15, 2015

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2015
 04/30/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.7 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.6 | **** | 7.2 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 319 | 597 | lb/d | 1 | 1 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 17019 | 34117 | lb/d | 71 | 78 | 132 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 407 | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | NODI 9 | **** | | ***** | **** | **** | ***** | | | |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | ***** | 7.72 | **** | 8.92 | mg/L | | Twice per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |

| ļ | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|---|--|--|---|-----------|--------|------------|
| | NANIA CED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)5/08/201! |
| Į | TYPED OR PRINTED | anormation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

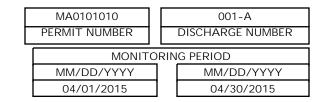
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 2230 | 2408 | lb/d | 8.7 | ***** | 9.9 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 93 | 99 | lb/d | .4 | **** | .4 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 24.32 | 63.23 | lb/d | .12 | **** | .26 | mg/L | | 29 per Month | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 2 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.9 | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 29 | 38.5 | MGD | ***** | ***** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Dariene Domingos | TELEP | DATE | |
|------------------|---|---|-----------|-----------|------------|
| MANIACED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 |)5/08/201 | |
| TYPED OR PRINTED | and matter, melating the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | | 001-A | | | | | | |
|---------------|-------------------|--------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCH | IARGE NUMBER | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | N | /M/DD/YYYY | | | | | | |
| 04/01/2015 | | 04/30/2015 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | ITY OR LOADING | | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | 0, |
|-----------------------------------|-----------------------|---------------------|-----------------------|----------------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 4 | **** | 47 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 490 | 641 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 24612 | 43215 | lb/d | 104 | 114 | 210 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 639 | **** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 98 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 98 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

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|--------------------------------------|--|---|-----------|-----------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 |)5/08/201 | |
| TYPED OR PRINTED | amormation, more and the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 04/01/2015 | 04/30/2015 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADING | | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Monthly | COMP24 |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | **** | 100 DAILY MN | ***** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Monthly | COMP24 |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Darlene Domingos | TELEPI | DATE | |
|---|------------------|---|---|-----------|--------|------------|
| | MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)4/13/201 |
| ĺ | TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

2ND HIGH FLOW EVENT WHEN FLOW EXCEEDS 30 MGD. EVENT INITIATED ON MARCH 26 THROUGH APRIL 1, 2015.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 05/01/2015 | 05/31/2015 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.6 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6 MINIMUM | **** | ***** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.68 | **** | 7.18 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 265 | 576 | lb/d | 2 | 2 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 23810 | 52726 | lb/d | 163 | 172 | 331 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 335 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | **** | 1.09 | **** | 2.24 | mg/L | | 12 per Month | COMP24 |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 3.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 381 | 512 | lb/d | 2.4 | **** | 3.1 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| ļ | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|---|--|--|---|-----------|--------|------------|
| | MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)6/09/201 |
| Į | TYPED OR PRINTED | unformation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | | 001-A | | | | | |
|-------------------|---|------------------|--|--|--|--|--|
| PERMIT NUMBER | | DISCHARGE NUMBER | | | | | |
| MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY |] | MM/DD/YYYY | | | | | |
| 05/01/2015 | 1 | 05/31/2015 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 469 | 528 | lb/d | 2.9 | ***** | 3.4 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 17.96 | 25.6 | lb/d | .11 | **** | .19 | mg/L | | 26 per Month | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 5 | ***** | **** | ug/L | | Three per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.1 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 17.5 | 19.8 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | **** | NODI 9 | **** | NODI 9 | | | | - |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Dariene Domingos | TELEPHONE | | DATE |
|------------------|---|---|---------------|--------|------------|
| MANIACED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (508)580-7885 | |)6/09/201 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | PRING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2015 | 05/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOAD! | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Coliform, fecal general | SAMPLE MEASUREMENT | ***** | **** | ***** | 4 | **** | 93 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 298 | 476 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 35463 | 70727 | lb/d | 243 | 293 | 444 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 342 | **** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | ***** | **** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |

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|------------------|--|---|-----------|--------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)6/09/201 |
| TYPED OR PRINTED | antoniador, including the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2015
 05/31/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | > 100 | ***** | ***** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | ***** | 100 | ***** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 98 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |

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|-----------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)6/09/201! |
| TYPED OR PRINTED | anomation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September& December

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **Brockton Wastewater Treatment Plant**

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-T PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/31/2015 05/01/2015

DMR Mailing ZIP CODE:

02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Monthly | COMP24 |

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| TYPED OR PRINTED | anomation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE IS INSUFFICIENT FLOW FOR TESTING AND 2 ADDITIONAL TESTS WERE ALREADY CONDUCTED IN 2015

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | | 001-A |
|---------------|------|------------------|
| PERMIT NUMBER | | DISCHARGE NUMBER |
| MON | ITOI | RING PERIOD |
| MM/DD/YYYY | | MM/DD/YYYY |
| 06/01/2015 | | 06/30/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADII | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.5 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| Н | SAMPLE MEASUREMENT | **** | **** | ***** | 6.6 | **** | 7.1 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 248 | 394 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 22814 | 39602 | lb/d | 173 | 224 | 284 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 272 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 84 | 138 | lb/d | .62 | .84 | .99 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 117 | lb/d | ***** | ***** | **** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | ***** | **** | ***** | | Twice per Week | COMP24 |

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|---------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | -7885 |)7/08/201 |
| TYPED OR PRINTED | aniormation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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NÄME: Brockton Wastewater Treatment Plant

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BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

06/01/2015 06/30/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 247 | 247 | lb/d | 1.7 | **** | 1.8 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 472 | 493 | lb/d | 3.3 | **** | 3.5 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 17.61 | 27.19 | lb/d | .13 | **** | .22 | mg/L | | Daily | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 6 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | ***** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.5 | ***** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.9 | 18.6 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)7/08/201 **MANAGER** accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

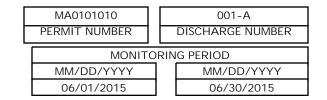
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 3 | **** | 42 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | **** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 275 | 423 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 35339 | 53943 | lb/d | 267 | 321 | 400 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 304 | **** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | **** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | ***** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | ***** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|------------------|--|---|-----------|--------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)7/08/201 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| Γ | MA0101010 | Γ | 001-T |
|---|---------------|----|------------------|
| | PERMIT NUMBER | | DISCHARGE NUMBER |
| | | _ | |
| | MONITO |)R | ING PERIOD |
| | MM/DD/YYYY |] | MM/DD/YYYY |
| | 06/01/2015 | 1 | 06/30/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY | |
|--|-----------------------|---------------------|-------|-------|--------------------------|-------|-------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

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|-----------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)7/08/201! |
| TYPED OR PRINTED | anomation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

2 ADDITIONAL TESTS WHEN FLOW EXCEEDED 30 MGD FOR 2015 WERE PREVIOUSLY SUBMITTED.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADII | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | **** | ***** | ***** | 7.1 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | **** | 7.1 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 217 | 483 | lb/d | 2 | 2 | 5 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 21767 | 33516 | lb/d | 182 | 180 | 340 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 231 | ***** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | ***** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 34 | 64 | lb/d | .27 | .51 | .49 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | ***** | 64 | lb/d | ***** | ***** | ***** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | ***** | **** | ***** | | Twice per Week | COMP24 |

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|------------------|--|---|-----------|--------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)8/07/201 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2015
 07/31/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 174 | 192 | lb/d | 1.3 | **** | 1.5 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 475 | 510 | lb/d | 3.5 | **** | 3.6 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 16.74 | 35.93 | lb/d | .14 | **** | .24 | mg/L | | 27 per Month | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 4 | **** | ***** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.8 | **** | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.6 | 18.7 | MGD | ***** | ***** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | .011 MO AVG | ***** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

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| ĺ | TYPED OR PRINTED | and match, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 07/01/2015
 07/31/2015

DMR Mailing ZIP CODE: 02301

alling ZIP CODE: 023

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 5 | ***** | 24 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 244 | 311 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 27949 | 44507 | lb/d | 231 | 256 | 454 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 282 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | ***** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

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 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2015
 07/31/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

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|--------------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)8/07/201! |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

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ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | ***** | **** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.5 | ***** | 7.2 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 172 | 462 | lb/d | 2 | 3 | 5 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 17777 | 29221 | lb/d | 207 | 238 | 306 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 289 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 28 | 49 | lb/d | .32 | .44 | .55 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 37 | lb/d | ***** | **** | **** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | **** | **** | ***** | | Twice per Week | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|------------------|--|---|---------------|--------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)9/09/201 |
| TYPED OR PRINTED | amorniation, moreoning the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 155 | 158 | lb/d | 1.7 | ***** | 1.9 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 334 | 349 | lb/d | 3.7 | **** | 3.8 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 12.25 | 20.12 | lb/d | .15 | **** | .23 | mg/L | | 16 per Month | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | ***** | ***** | 7 | **** | **** | ug/L | | Three per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 20 MO AVG | **** | ***** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.9 | ***** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 10.3 | 12.1 | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)9/09/201 **MANAGER** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 5 | ***** | 50 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | ***** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 178 | 277 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 26434 | 41994 | lb/d | 306 | 342 | 480 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 209 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | **** | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | NODI 9 | **** | | ***** | **** | **** | ***** | | | |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | **** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | ***** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)9/09/201 **MANAGER** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2015
 08/31/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | 1 | FREQUENCY | | |
|-----------------------------------|-----------------------|---------------------|-------|--------------------------|----------------|-------|-------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | ***** | ***** | 85 MO AV MN | ***** | **** | % | | Monthly | CALCTD |

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|--------------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)9/09/201! |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

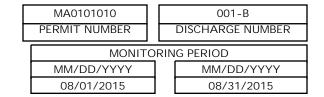
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE | |
|--|-----------------------|-------|-------|--------------------------|-----------------|-------|-------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | ***** | > 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | **** | 100 | ***** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |

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|--------------------------------------|--|---|-----------|--------|------------|
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| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September& December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 08/01/2015 | 08/31/2015 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

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| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2015
 09/30/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | **** | ***** | ***** | 7 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| pH | SAMPLE MEASUREMENT | **** | ***** | **** | 6.5 | **** | 7 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 92 | 225 | lb/d | 1 | 1 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 18792 | 36711 | lb/d | 234 | 253 | 364 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 114 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 8 | 22 | lb/d | .1 | .21 | .26 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 17 | lb/d | ***** | **** | **** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | ***** | 150 WKLY AVG | lb/d | **** | ***** | **** | ***** | | Twice per Week | COMP24 |

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| DARLENE DOMINGOS/ PROJECT | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 0/07/201! |
| TYPED OR PRINTED | amorniador, moduling the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| _ | | _ | | | | | | |
|---|-------------------|---|------------------|--|--|--|--|--|
| | MA0101010 | 1 | 001-A | | | | | |
| | PERMIT NUMBER | | DISCHARGE NUMBER | | | | | |
| | MONITORING PERIOD | | | | | | | |
| | MM/DD/YYYY | | MM/DD/YYYY | | | | | |
| | 09/01/2015 | 1 | 09/30/2015 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 92 | 97 | lb/d | 1.1 | **** | 1.2 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 356 | 362 | lb/d | 4.4 | **** | 4.5 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 8.96 | 15.62 | lb/d | .15 | **** | .19 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 8 | **** | ***** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | ***** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 17 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 9.6 | 13.4 | MGD | ***** | **** | ***** | ***** | | Continuous | |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | **** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2015
 09/30/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 5 | ***** | 94 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 161 | 224 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 26079 | 35141 | lb/d | 325 | 339 | 444 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 163 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 100 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885 0/07/201 **MANAGER** accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 09/01/2015 | 09/30/2015 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEPI | HONE | DATE |
|---|---|--|---|---------------|--------|------------|
| | Darlene Domingos/ Project Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 0/07/201 |
| ĺ | TYPED OR PRINTED Information, including the possibility of fine and imprisonment for knowing violations. | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: * Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | DRING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADII | NG | QI | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|--------------------------|-----------------------|-------|----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.6 | ***** | 7.2 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 102 | 191 | lb/d | 1 | 2 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 25020 | 50584 | lb/d | 302 | 321 | 576 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 127 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 10 | 23 | lb/d | .13 | .23 | .3 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 18 | lb/d | ***** | **** | **** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | ***** | **** | ***** | | Twice per Week | COMP24 |

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|------------------|--|---|-----------|--------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 | 1/10/201 |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | DRING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 98 | 102 | lb/d | 1.2 | ***** | 1.2 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 347 | 379 | lb/d | 4.2 | **** | 4.5 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 9.83 | 12.72 | lb/d | .13 | ***** | .16 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | ***** | 3 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | ***** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.9 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 9.9 | 11.4 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | _ |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

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BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
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| 10/01/2015 | 10/31/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 5 | ***** | 45 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | ***** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 168 | 271 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 26565 | 35843 | lb/d | 321 | 329 | 418 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 188 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | **** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | ***** | **** | **** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 100 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | **** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

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DMR Mailing ZIP CODE: 02301

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External Outfall

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| | | QUAN | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | . FREQUENCY | |
|--|-----------------------|-------|---------------------|-------|-----------------|--------------------------|-------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

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| | 1440404040 | | 004 4 |
|---|---------------|-----|------------------|
| 1 | MA0101010 | - | 001-A |
| Ĺ | PERMIT NUMBER | | DISCHARGE NUMBER |
| | MONITO | DRI | NG PERIOD |
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| | 11/01/2015 | 1 | 11/30/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 7.1 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 189 | 1701 | lb/d | 2 | 4 | 20 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 26186 | 38587 | lb/d | 306 | 336 | 484 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 358 | ***** | lb/d | ***** | ***** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | ***** | ***** | ***** | .57 | ***** | .99 | mg/L | | Twice per Week | COMP24 |
| 00610 1 2 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 6.3 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 189 | 274 | lb/d | 2.4 | **** | 3.5 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 329 | 332 | lb/d | 4.1 | ***** | 4.2 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| ļ | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEPI | HONE | DATE |
|---|---------------------------|--|---|-----------|--------|------------|
| | DARLENE DOMINGOS/ PROJECT | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 | 2/11/201 |
| Į | TYPED OR PRINTED | and match, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2015 | 11/30/2015 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 11 | 16 | lb/d | .12 | ***** | .18 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | ***** | **** | 7 | **** | **** | ug/L | | Three per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | ***** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.5 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 10.3 | 12 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 283 | 3488 | lb/d | 3 | 8 | 41 | mg/L | 1 | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

| | R certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | L Dariene Domingos | TELEPI | HONE | DATE |
|--------------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 | 2/11/201 |
| TYPED OR PRINTED | annormation, metacing the possibility of the did imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 11/01/2015
 11/30/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 31801 | 46531 | lb/d | 369 | 382 | 492 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 637 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | ***** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

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|--------------------------------------|--|---|-----------|-----------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 2/11/201! | |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

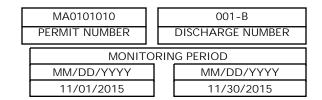
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | > 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |

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|--------------------------------------|---|---|-----------|-----------|
| DARLENE DOMINGOS/ PROJECT MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 2/16/201! |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September& December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

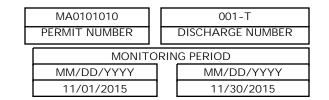
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Monthly | COMP24 |

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|---------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 | 2/16/201 |
| TYPED OR PRINTED | amormation, moreoving the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2015
 12/31/2015

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| На | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.78 | ***** | 7.14 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 149 | 361 | lb/d | 1 | 2 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 23740 | 45237 | lb/d | 236 | 258 | 499 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 148 | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | ***** | .39 | **** | .9 | mg/L | | Twice per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 109 | 125 | lb/d | 1.2 | **** | 1.3 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 433 | 450 | lb/d | 4.6 | **** | 4.9 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 12/01/2015 | 12/31/2015 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 14 | 22 | lb/d | .13 | ***** | .19 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 6 | ***** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | ***** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.6 | **** | MGD | **** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 12.2 | 17.6 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 206 | 294 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: * Brockton Wastewater Treatment Plant

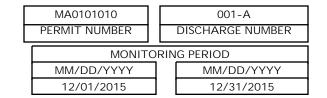
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BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 34936 | 51785 | lb/d | 349 | 384 | 487 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 222 | **** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | ***** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

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| TYPED OR PRINTED | and matter, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 12/01/2015 | 12/31/2015 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | |
|--|-----------------------|---------------------|-------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|------------------|--|---|---------------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)1/06/2010 |
| TYPED OR PRINTED | information, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY: TAKE 2 ADDITIONAL TESTS DURING THE YEAR WHEN FLOW EXCEEDS 30 MGD. SUBMIT REPORT WITH DMR.SUBMIT DMR WITH NODI OF '9' WHEN THERE IS INSUFFICIENT FLOW FOR TESTING.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| Γ | MA0101010 | Γ | 001-A | | | | | |
|---|-------------------|---|------------------|--|--|--|--|--|
| | PERMIT NUMBER | | DISCHARGE NUMBER | | | | | |
| | MONITORING PERIOD | | | | | | | |
| | MM/DD/YYYY | | MM/DD/YYYY | | | | | |
| | 01/01/2016 |] | 01/31/2016 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| РН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.64 | ***** | 6.98 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 216 | 365 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 17582 | 41139 | lb/d | 127 | 220 | 306 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 236 | ***** | lb/d | ***** | ***** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.29 | ***** | 4 | mg/L | | Twice per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 361 | 392 | lb/d | 2.7 | **** | 3.2 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 453 | 585 | lb/d | 3.2 | ***** | 3.7 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|------------------|--|---|-----------|------------|------------|
| MANIACED | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 |)2/11/2016 | |
| TYPED OR PRINTED | anto mador, medaling the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
01/01/2016 01/31/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 16 | 24 | lb/d | .14 | **** | .15 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 4.5 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | ***** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.7 | **** | MGD | **** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.9 | 20.7 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 282 | 345 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q - Report flow for monthly average

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DARLENE DOMINGOS/ PROJECT

MANAGER

TYPED OR PRINTED

NUMBER

TELEPHONE

(508)580-7885

AREA Code

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)2/11/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| Г | MA0101010 | ſ | | 001-A | | | | | |
|---|-------------------|---|---|------------------|--|--|--|--|--|
| | PERMIT NUMBER | | | DISCHARGE NUMBER | | | | | |
| | MONITORING PERIOD | | | | | | | | |
| | MM/DD/YYYY | | | MM/DD/YYYY | | | | | |
| | 01/01/2016 | 1 | ſ | 01/31/2016 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 37786 | 59917 | lb/d | 270 | 297 | 437 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 313 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEPI | HONE | DATE |
|--------------------------------------|--|---|---------------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)2/11/2016 |
| TYPED OR PRINTED | amormation, moreoving the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 01/01/2016 | 01/31/2016 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 100 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|------------------|--|---|---------------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)2/11/2016 |
| TYPED OR PRINTED | amormador, moduling the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | | 001-A | | | | | | | |
|---------------|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | ₹ | DISCHARGE NUMBER | | | | | | | |
| MO | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYY | Υ | MM/DD/YYYY | | | | | | | |
| 02/01/2016 | | 02/29/2016 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.5 | ***** | 7.07 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 297 | 761 | lb/d | 2 | 2 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 40895 | 76128 | lb/d | 246 | 292 | 498 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 371 | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | **** | 2.31 | **** | 2.9 | mg/L | | 10 per Month | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | **** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 463 | 569 | lb/d | 2.9 | **** | 3.1 | mg/L | | 10 per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 452 | 469 | lb/d | 3 | ***** | 3.4 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|----------------------------------|--|---|---------------|--------|------------|
| DARLENE DOMINGOS/ VICE PRESIDENT | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)3/10/2016 |
| TYPED OR PRINTED | and materi, including the possibility of thic and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

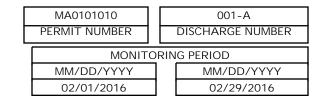
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 16 | 23 | lb/d | .13 | ***** | .15 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | ***** | **** | **** | 4 | **** | ***** | ug/L | | Three per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | ***** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16.2 | **** | MGD | ***** | ***** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 19.9 | 23.7 | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | .011 MO AVG | ***** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 331 | 395 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ VICE PRESIDENT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)3/10/201 **OPERATIONS** accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

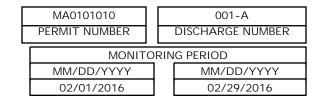
ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man



DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 43649 | 74021 | lb/d | 261 | 292 | 446 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 357 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | **** | **** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| I | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | L LIARIENE LIOMINGOS | TELEPI | HONE | DATE |
|---|--|---|---------------|--------|------------|
| DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)3/10/2016 |
| TYPED OR PRINTED | antomaton, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2016
 02/29/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 100 | ***** | ***** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | ***** | 100 | ***** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 98 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | L Dariene Domingos | TELEPI | HONE | DATE |
|---|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 |)3/10/2010 |
| TYPED OR PRINTED | amormation, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September& December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| Г | MA0101010 | | | 001-T |
|---|---------------|----|-----|------------------|
| | PERMIT NUMBER | | | DISCHARGE NUMBER |
| | MONIT | OF | RIN | G PERIOD |
| | MM/DD/YYYY | | | MM/DD/YYYY |
| | 02/01/2016 | 1 | | 02/29/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the | L Dariene Domingos | TELEP | HONE | DATE |
|---|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)3/10/2010 |
| TYPED OR PRINTED | amornador, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

03/01/2016

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

03/31/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.76 | ***** | 7.05 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 276 | 554 | lb/d | 2 | 2 | 4 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 24953 | 55224 | lb/d | 175 | 223 | 310 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 320 | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | ***** | 4 | ***** | 8.02 | mg/L | | Twice per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 9.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 700 | 840 | lb/d | 5.4 | ***** | 6.1 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 247 | 250 | lb/d | 1.9 | ***** | 2 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q - Report flow for monthly average

DARLENE DOMINGOS/ PROJECT

MANAGER

TYPED OR PRINTED

NUMBER

(508)580-7885

AREA Code

)4/08/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

03/01/2016

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

03/31/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 23 | 34 | lb/d | .13 | ***** | .19 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 5 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | ***** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 15.3 | **** | MGD | **** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 17.2 | 21.4 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 305 | 582 | lb/d | 2 | 2 | 4 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE **Darlene Domingos** direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the DARLENE DOMINGOS/ PROJECT person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)4/08/201 **MANAGER** accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 34467 | 57803 | lb/d | 240 | 267 | 375 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 324 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | ***** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | ***** | **** | % | | Monthly | CALCTD |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|--------------------------------------|--|---|-----------|--------|------------|
| DARLENE DOMINGOS/ PROJECT MANAGER | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)4/08/2010 |
| TYPED OR PRINTED | amormation, measuring the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2016 | 03/31/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

| 1 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|---------------------------------|--|---|---------------|--------|------------|
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| TYPED OR PRINTED | arrormation, including the possibility of this and imprisonifiert for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

FLOW DID NOT EXCEED 30 MGD DURING THE MONTH OF MARCH

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2016
 04/30/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.1 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.56 | **** | 7.05 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 379 | 2845 | lb/d | 2 | 4 | 14 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 39233 | 76447 | lb/d | 266 | 332 | 522 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 804 | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 804 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | ***** | **** | ***** | .44 | ***** | .88 | mg/L | | Twice per Week | COMP24 |
| 00610 1 5 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 9.2 MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ VP OPERATIONS person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)5/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code NUMBER TYPED OR PRINTED MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 198 | 230 | lb/d | 1.2 | **** | 1.4 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 444 | 491 | lb/d | 2.8 | **** | 2.9 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 16.41 | 29.69 | lb/d | .14 | **** | .18 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 9 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.4 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | **** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 18.2 | 24.4 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|---------------------------------|--|---|-----------|--------|-----------|
| DARLENE DOMINGOS/ VP OPERATIONS | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)5/10/20 |
| TYPED OR PRINTED | anomation, including the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 4 | **** | 167 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 338 | 1423 | lb/d | 2 | 3 | 7 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 40594 | 54922 | lb/d | 274 | 336 | 437 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 502 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | **** | **** | **** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

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|---------------------------------|--|---|-----------|--------|-----------|
| DARLENE DOMINGOS/ VP OPERATIONS | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)5/10/20 |
| TYPED OR PRINTED | anomation, including the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | PRING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2016 | 04/30/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|----------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Monthly | COMP24 |

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|------------------|--|---|---------------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)5/10/2016 |
| TYPED OR PRINTED | amormador, moduling the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | **** | ***** | 7.6 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6 MINIMUM | **** | ***** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | ***** | **** | 6.6 | **** | 7 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 161 | 261 | lb/d | 1 | 2 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 31902 | 64685 | lb/d | 264 | 383 | 560 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 190 | ***** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | ***** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | **** | .08 | **** | .1 | mg/L | | 11 per Month | COMP24 |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | 3.2 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 126 | 133 | lb/d | 1 | ***** | 1 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

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|-----------------------------------|--|---|-----------|--------|------------|
| Barrerio Berninges/ VI Operations | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | 0-7885 |)6/10/2010 |
| TYPED OR PRINTED | into maton, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2016
 05/31/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | VG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 369 | 409 | lb/d | 2.9 | **** | 3.3 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 17.71 | 22.83 | lb/d | .13 | **** | .18 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 6 | **** | **** | ug/L | | Four per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | ***** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.1 | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 14.7 | 17 | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |

Darlene Domingos/ VP Operations

Darlene Domingos/ VP Operations

TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

Darlene Domingos

Darlene Domingos

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

certify under penalty of law that this document and all attachments were prepared under my

Q - Report flow for monthly average

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOAD! | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Coliform, fecal general | SAMPLE MEASUREMENT | ***** | **** | ***** | 3 | **** | 65 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 244 | 283 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 35692 | 58808 | lb/d | 292 | 324 | 446 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 262 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |

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| TYPED OR PRINTED | amorniation, moderning the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2016
 05/31/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | > 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | **** | **** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | 98 | **** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Quarterly | COMP24 |

| I | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEPI | HONE | DATE |
|---|--|---|-----------|------------|------------|
| DARLENE DOMINGOS/ VICE PRESIDENT OPERATIONS | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 |)6/29/2010 | |
| TYPED OR PRINTED | anto measur, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November

Submit DMR's end of month March, June, September& December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

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BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | |
|-------------------|------------------|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | |
| MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | |
| 05/01/2016 | 05/31/2016 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|---------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Monthly | COMP24 |

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BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| РН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | **** | 7 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 138 | 345 | lb/d | 1 | 1 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 35546 | 66788 | lb/d | 347 | 404 | 580 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 160 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 6 | 10 | lb/d | .06 | .07 | .08 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 9 | lb/d | ***** | ***** | **** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | ***** | ***** | **** | ***** | | Twice per Week | COMP24 |

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| Barrene Berninges/ VI eperations | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)7/12/2016 |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 99 | 100 | lb/d | .9 | ***** | 1 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 387 | 447 | lb/d | 3.5 | **** | 3.8 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 12.4 | 22.26 | lb/d | .14 | **** | .18 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 6 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.8 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 12.1 | 15.1 | MGD | ***** | ***** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

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| TYPED OR PRINTED | amorniador, moduling the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| | MA0101010 | | | 001-A |
|---|---------------|----|-----|------------------|
| | PERMIT NUMBER | | | DISCHARGE NUMBER |
| | MONIT | OF | RIN | G PERIOD |
| l | MM/DD/YYYY | | | MM/DD/YYYY |
| | 06/01/2016 | | | 06/30/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | ***** | ***** | 4 | ***** | 38 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | 200 MO GEO | ***** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 202 | 252 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 36491 | 55162 | lb/d | 362 | 390 | 456 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 232 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | ***** | ***** | 100 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

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|---------------------------------|--|---|---------------|--------|------------|
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

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FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

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| PERMIT NUMBER | DISCHARGE NUMBER |
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| 06/01/2016 | 06/30/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | | |
|--|-----------------------|-------|---------------------|-------|--------------------------|-------|-------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

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DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | ***** | **** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | ***** | 7.2 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 122 | 251 | lb/d | 1 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 21426 | 39477 | lb/d | 250 | 374 | 460 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 143 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 6 | 9 | lb/d | .07 | .09 | .1 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 8 | lb/d | ***** | ***** | ***** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | **** | ***** | ***** | | Twice per Week | COMP24 |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Darlene Domingos** DARLENE DOMINGOS/ VP OPERATIONS person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)8/11/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 96 | 106 | lb/d | 1.1 | **** | 1.2 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 363 | 467 | lb/d | 4.3 | **** | 5.2 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 14.87 | 17.45 | lb/d | .15 | **** | .2 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 7 | **** | **** | ug/L | | Twice per Month | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.5 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 10.2 | 11.5 | MGD | ***** | **** | ***** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|---------------------------------|--|---|-----------|--------|-----------|
| DARLENE DOMINGOS/ VP OPERATIONS | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 |)8/11/20 |
| TYPED OR PRINTED | anomation, including the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 7 | **** | 39 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | **** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 170 | 192 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 27383 | 41940 | lb/d | 323 | 377 | 484 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 176 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | **** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | Darlene Domingos | TELEP | HONE | DATE |
|---------------------------------|--|---|---------------|--------|-----------|
| DARLENE DOMINGOS/ VP OPERATIONS | personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)8/11/20 |
| TYPED OR PRINTED | anomation, including the possibility of the and imprisonment to knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2016 | 07/31/2016 |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | | | | | NO. FREQUENCY | | SAMPLE | | | |
|--|-----------------------|-------|-------|-------|-----------------|---------------|-------|--------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Dariene Domingos | TELEP | HONE | DATE |
|------------------|--|---|---------------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)8/11/2016 |
| TYPED OR PRINTED | amormador, moduling the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
08/01/2016 08/31/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | ***** | **** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.8 | ***** | 7.2 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 107 | 280 | lb/d | 1 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 21758 | 38977 | lb/d | 250 | 285 | 438 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 160 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 6 | 10 | lb/d | .07 | .1 | .12 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 9 | lb/d | ***** | ***** | ***** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | **** | **** | ***** | | Twice per Week | COMP24 |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE Justin Chicca direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Justin Chicca/ Project Manager Brockto person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885)9/12/201 **AWRF** accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **Brockton Wastewater Treatment Plant**

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON AWRF LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2016 08/31/2016

DMR Mailing ZIP CODE:

02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 100 | 103 | lb/d | 1.2 | **** | 1.2 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 312 | 342 | lb/d | 3.7 | **** | 4 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 13.14 | 18.1 | lb/d | .17 | **** | .2 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 4 | **** | **** | ug/L | | Monthly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.5 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 10.4 | 11.5 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | ***** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q - Report flow for monthly average

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Justin Chicca/ Project Manager Brockto

AWRF

TYPED OR PRINTED

NUMBER

TELEPHONE

(508)580-7885

AREA Code

Justin Chicca

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)9/12/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 08/01/2016 | 08/31/2016 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|--------------------------|-----------------------|---------|----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | ***** | ***** | 5 | **** | 54 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 176 | 265 | lb/d | 2 | 2 | 3 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 32340 | 51161 | lb/d | 373 | 418 | 576 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 188 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | ***** | lb/d | **** | **** | **** | **** | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 188 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | ***** | lb/d | ***** | **** | ***** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | ***** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | ***** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Justin Chicca | TELEPI | DATE | |
|------------------|--|---|-----------|------------|------------|
| , WDE | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 |)9/12/2016 | |
| TYPED OR PRINTED | amormation, melating the possibility of this and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 08/01/2016 | 08/31/2016 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|-------|---------------------|-------|----------------|--------------------------|-------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | **** | ***** | ***** | 85 MO AV MN | ***** | **** | % | | Monthly | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Icertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | | Justin Chicca | TELEPI | DATE |
|--|---|---|-----------|------------|
| ÁWRF | AWRF person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 |)9/12/2016 |
| | | AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **Brockton Wastewater Treatment Plant**

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| | MA0101010 | | 001-B | | | | | |
|---|-------------------|---|------------------|--|--|--|--|--|
| Ĺ | PERMIT NUMBER | | DISCHARGE NUMBER | | | | | |
| | MONITORING PERIOD | | | | | | | |
| | MM/DD/YYYY | | MM/DD/YYYY | | | | | |
| | 08/01/2016 | 1 | 08/31/2016 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | | |
|--|-----------------------|---------------------|-------|--------------------------|-----------------|-------|-------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | > 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | ***** | % | | Quarterly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | lustin (Inicca | TELEP | HONE | DATE |
|------------------|--|--|-----------|------------|------------|
| ÄWRF | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (508)58 |)9/28/2010 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November Submit DMR's end of month March, June, September& December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | |
|-------------------|------------------|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | |
| MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | |
| 08/01/2016 | 08/31/2016 | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | 1 05 441411/010 | SAMPLE | |
|--|-----------------------|---------------------|-------|--------------------------|-----------------|-------|-------|-------|-----------------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | **** | 100 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 98 DAILY MN | ***** | ***** | % | | Monthly | COMP24 |

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|------------------|--|---|---------------|--------|------------|
| AMPE | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | |)9/12/2016 |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 09/01/2016 | 09/30/2016 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| Н | SAMPLE MEASUREMENT | **** | **** | ***** | 6.8 | **** | 7.3 | SU | | Twice per Day | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 90 | 176 | lb/d | 1 | 2 | 3 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 33036 | 63156 | lb/d | 380 | 389 | 681 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 98 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 5 | 8 | lb/d | .06 | .08 | .09 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | 7 | lb/d | ***** | ***** | **** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | **** | **** | ***** | | Twice per Week | COMP24 |

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|---|--|--|---------------|--------|------------|
| ustin Chicca/ Project Manager Brockton person or persons who manage the system, or those persons directly responsible for g the information, the information submitted is, to the best of my knowledge and belief, accurate, and complete. I am aware that there are significant penalties for submitting finformation, including the possibility of fine and imprisonment for knowing violations | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (508)580-7885 | | 0/11/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **Brockton Wastewater Treatment Plant**

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2016 09/30/2016

DMR Mailing ZIP CODE:

02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QL | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 102 | 109 | lb/d | 1.2 | ***** | 1.3 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 357 | 434 | lb/d | 4 | **** | 4.6 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 9.74 | 13.65 | lb/d | .17 | **** | .16 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 6 | **** | **** | ug/L | | Monthly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.5 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 10.4 | 11.3 | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

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|------------------|--|---|---------------|--------|------------|
| AWRF | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 0/11/2016 |
| TYPED OR PRINTED | and matter, meating the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | | 001-A | | | | | | | |
|---------------|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | | DISCHARGE NUMBER | | | | | | | |
| MO | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | ′ | MM/DD/YYYY | | | | | | | |
| 09/01/2016 | | 09/30/2016 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--------------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|-------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | ***** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorde (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | ***** | 1 | ***** | 5 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 200 MO GEO | **** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 174 | 188 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 42535 | 59907 | lb/d | 490 | 556 | 666 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 177 | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | ***** | **** | % | | Monthly | CALCTE |
| 31010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTE |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | ***** | ***** | 100 | ***** | **** | % | | Monthly | CALCTI |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | ***** | ***** | 85 MO AV MN | **** | ***** | % | | Monthly | CALCTE |

Justin Chicca

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q - Report flow for monthly average

Justin Chicca/ Project Manager Brockton

AWRF

TYPED OR PRINTED

NUMBER

(508)580-7885

AREA Code

0/11/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 09/01/2016 | 09/30/2016 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|------------------|-------|--------------------------|-------|-------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Monthly | COMP24 |

| I | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | I IIISTIN ("NICCA | TELEPI | HONE | DATE |
|------------------|--|--|-----------|----------|------------|
| ÄWRF | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (508)580 | 0/11/201 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
10/01/2016 10/31/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | UALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.7 | ***** | ***** | mg/L | | Daily | GRAB |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6 MINIMUM | **** | **** | mg/L | | Daily | GRAB |
| рН | SAMPLE MEASUREMENT | **** | **** | ***** | 6.7 | **** | 7 | SU | | Daily | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 117 | 225 | lb/d | 1 | 1 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 28906 | 47626 | lb/d | 298 | 389 | 560 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 148 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 00530 Q 3 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Daily | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 4 | 5 | lb/d | .04 | .06 | .06 | mg/L | | Twice per Week | COMP24 |
| 00610 1 1 Effluent Gross | PERMIT REQUIREMENT | 150 MO AVG | 225 DAILY MX | lb/d | 1 MO AVG | 1 WKLY AVG | 1.5 DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | ***** | 5 | lb/d | ***** | ***** | **** | ***** | | Twice per Week | COMP24 |
| 00610 Q 1 See Comments | PERMIT REQUIREMENT | **** | 150 WKLY AVG | lb/d | **** | **** | **** | ***** | | Twice per Week | COMP24 |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | lustin Chicca | TELEPI | HONE | DATE |
|--|--------------------------------|--|---|-----------|--------|------------|
| | Jastin Ginesa, Troject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580 | D-7885 | 1/10/2016 |
| | TYPED OR PRINTED | entermation, moreony the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2016

001-A
DISCHARGE NUMBER

MONITORING PERIOD
10/31/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | ITITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|---------------|-----------------------|-------|-----|--------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 94 | 96 | lb/d | 1 | ***** | 1.1 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 335 | 365 | lb/d | 3.7 | **** | 4 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 13.64 | 18.77 | lb/d | .14 | ***** | .21 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | **** | **** | 8 | **** | **** | ug/L | | Monthly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.7 | ***** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | **** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 11.7 | 13.8 | MGD | ***** | **** | **** | ***** | | | |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE Justin Chicca direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Justin Chicca/ Project Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (508)580-7885 1/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 10/01/2016 | 10/31/2016 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|---------|-----|---------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| Coliform, fecal general | SAMPLE MEASUREMENT | **** | **** | **** | 1 | ***** | 20 | #/100mL | | Five per Week | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 200 MO GEO | ***** | 400 DAILY MX | #/100mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 195 | 229 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 2250 DAILY MX | lb/d | 5 MO AVG | 8 WKLY AVG | 15 DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 35000 | 62461 | lb/d | 360 | 422 | 556 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 209 | **** | lb/d | ***** | ***** | **** | ***** | | Daily | COMP24 |
| 80082 Q 0 See Comments | PERMIT REQUIREMENT | 1200 WKLY AVG | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 99 | ***** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | ***** | **** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | HISTIN CINICCA | TELEPI | HONE | DATE |
|---------------------------------|--|---|---------------|--------|------------|
| Justin Grineda, Troject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 1/10/2016 |
| TYPED OR PRINTED | amorniation, moderning the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-T | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 10/01/2016 | 10/31/2016 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUAN | QUANTITY OR LOADING | | | JALITY OR CON | CENTRATION | _ | NO. | FREQUENCY | |
|--|-----------------------|-------|---------------------|-------|-----------------|---------------|------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the | l listin (Inicca | TELEPI | HONE | DATE |
|---------------------------------|--|---|---------------|--------|------------|
| Justin Grineda, Troject Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 1/10/2016 |
| TYPED OR PRINTED | anto matter, including the possibility of the and imprisonment for Knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

MA0101010

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2016

MA0101010

001-A

DISCHARGE NUMBER

MM/DD/YYYY

11/30/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADI | NG | QI | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|--------------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| рН | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.64 | ***** | 7.03 | SU | | Daily | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.5 MINIMUM | **** | 8.3 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 159 | 316 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 00530 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 36537 | 59293 | lb/d | 352 | 383 | 590 | mg/L | | Daily | COMP24 |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | 177 | **** | lb/d | ***** | **** | **** | ***** | | Weekly | COMP24 |
| 00530 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | **** | **** | **** | ***** | | Weekly | COMP24 |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | **** | **** | **** | .05 | **** | .18 | mg/L | | Twice per Week | COMP24 |
| 00610 1 2 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 6.3 MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Nitrogen, Kjeldahl, total [as N] | SAMPLE MEASUREMENT | 101 | 101 | lb/d | 1 | **** | 1 | mg/L | | Twice per Month | COMP24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |
| Nitrite + Nitrate total [as N] | SAMPLE MEASUREMENT | 347 | 358 | lb/d | 3.5 | ***** | 3.6 | mg/L | | Twice per Month | COMP24 |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Month | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Justin Chicca | TELEP | DATE | |
|------------------|--|---|-----------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 | 2/12/2016 |
| TYPED OR PRINTED | and matter, meating the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 11/01/2016 | 11/30/2016 | | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-----------------------|-----------------------|-------|---------------------|----------------|-----------------------|-------|-----|-------------------|--------------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | 15 | 21 | lb/d | .14 | ***** | .19 | mg/L | | Twice per Week | COMP24 |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | .2 ROLL AVG | **** | Req. Mon. DAILY MX | mg/L | | Twice per Week | COMP24 |
| Copper, total [as Cu] EA LIMIT | SAMPLE MEASUREMENT | **** | ***** | **** | 6 | **** | **** | ug/L | | Monthly | COMP24 |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | 20 MO AVG | **** | **** | ug/L | | Monthly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 13.8 | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. ROLL AVG | **** | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 12.4 | 14.2 | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| 50050 Q 0 See Comments | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | **** | **** | ***** | | Continuous | Recorder (auto) |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | **** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | .011 MO AVG | **** | .019 DAILY MX | mg/L | | Three per Day | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | NODI 9 | | | | |
| 50060 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | Req. Mon. MO AVG | **** | Req. Mon. DAILY MX | mg/L | | Continuous | Recorder (auto) |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 207 | 236 | lb/d | 2 | 2 | 2 | mg/L | | Daily | COMP24 |
| 80082 1 1 Effluent Gross | PERMIT REQUIREMENT | 2250 MO AVG | 4500 DAILY MX | lb/d | 15 MO AVG | 25 WKLY AVG | 30 DAILY MX | mg/L | | Daily | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | Justin Chicca | TELEP | DATE | |
|------------------|--|---|-----------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)58 | 0-7885 | 2/12/2016 |
| TYPED OR PRINTED | and matter, meating the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-A | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 11/01/2016 | 11/30/2016 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TREATED SANI/IND DISCHARGE

External Outfall

No Discharge

| | | QUAN | TITY OR LOADII | NG | Ql | JALITY OR CON | CENTRATION | | NO. | FREQUENCY | |
|-----------------------------------|-----------------------|---------------------|-----------------------|-------|---------------------|-----------------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 39000 | 52533 | lb/d | 376 | 402 | 518 | mg/L | | Daily | COMP24 |
| 80082 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | Req. Mon. MO AVG | Req. Mon. WKLY AVG | Req. Mon. DAILY MX | mg/L | | Daily | COMP24 |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 212 | **** | lb/d | ***** | **** | **** | ***** | | Daily | COMP24 |
| 80082 Q 1 See Comments | PERMIT REQUIREMENT | 3750 WKLY AVG | **** | lb/d | ***** | ***** | ***** | ***** | | Daily | COMP24 |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | **** | **** | **** | 99 | **** | **** | % | | Monthly | CALCTD |
| 81010 K 0 Percent Removal | PERMIT REQUIREMENT | **** | **** | ***** | 85 MO AV MN | **** | **** | % | | Monthly | CALCTD |
| Solids, suspended percent removal | SAMPLE MEASUREMENT | **** | **** | ***** | 100 | **** | **** | % | | Monthly | CALCTD |
| 81011 K 0 Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 MO AV MN | ***** | ***** | % | | Monthly | CALCTD |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | l listin ('hicca | TELEPI | DATE | |
|------------------|--|---|---------------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 2/12/2010 |
| TYPED OR PRINTED | anomator, including the positionty of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN PLANT FLOW IS GREATER THAN 36 MGD ENTER A NODI CODE OF 9 FOR QUANTITY LOADING AND INCLUDE DATA IN COVER LETTER ATTACHED TO DMR.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **Brockton Wastewater Treatment Plant**

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

BROCKTON, MA 02301

ATTN: Aram Varjabedian, Ast. Plant Man

| MA0101010 | 001-B | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITO | MONITORING PERIOD | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| 11/01/2016 | 11/30/2016 | | | | | | |

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

QUARTERLY TOXICITY DATA

External Outfall

No Discharge

| | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | 0, | |
|--|-----------------------|-------|-------|--------------------------|-----------------|-------|-------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | > 100 | **** | **** | % | | Quarterly | COMP24 |
| TAA3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | ***** | **** | % | | Quarterly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | ***** | **** | ***** | 100 | **** | **** | % | | Quarterly | COMP24 |
| TBP3B 1 1 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | ***** | **** | % | | Quarterly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | lustin ("hicca | TELEPI | HONE | DATE |
|--------------------------------|--|---|---------------|--------|------------|
| Justin Chicca/ Project Manager | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 2/15/201 |
| TYPED OR PRINTED | into matter, including the possibility of the and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test February, May, August & November Submit DMR's end of month March, June, September& December

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \ Brockton Wastewater Treatment Plant

ADDRESS: 303 OAK HILL WAY

BROCKTON, MA 02301

FACILITY: BROCKTON A W R F LOCATION: 303 OAK HILL WAY

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ATTN: Aram Varjabedian, Ast. Plant Man

 MA0101010
 001-T

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 11/01/2016
 11/30/2016

DMR Mailing ZIP CODE: 02301

MAJOR (SUBR S)

TOXICITY > 30MGD FLOW

External Outfall

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | | |
|--|-----------------------|---------------------|-------|--------------------------|-----------------|-------|-------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| LC50 Static 48Hr Acute Ceriodaphnia | SAMPLE MEASUREMENT | **** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| TAA3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 100 DAILY MN | **** | **** | % | | Monthly | COMP24 |
| Noel Statre 7Day Chronic Ceriodaphnia | SAMPLE MEASUREMENT | **** | **** | ***** | NODI 9 | **** | **** | | | | |
| TBP3B 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | 98 DAILY MN | **** | **** | % | | Monthly | COMP24 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the | lustin ("hicca | TELEP | DATE | |
|------------------|--|---|---------------|--------|------------|
| | person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (508)580-7885 | | 2/12/201 |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)